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Form ID: DYPCET: Store/04 Date: Write Off (Equipments/Semi Consumable) Department Name of Laboratory Name of Equipment Equipment Serial No. **Details of Equipments** Dead Sr as per Dead Stock Stock Page No No. Reason for write off_____ Lab Assistant Lab Incharge Forwarded by (Head of Department): Remarks of Software and Hardware In charge (If Applicable) Registrar **Principal Executive Director** Inward No: _____

Approved By AICTE, New Delhi, Recognised by Govt. of Maharashtra & Affiliated to Shivaji University, Kolhapur.

D. Y. Patil College of Engineering & Technology, Kasaba Bawada, Kolhapur, Maharashtra 416006

Date: _____

Remark of Store In charge